STAILIP

Annual Report for the year: 201 5

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number 00658933 | | 2. Exact name of the Limited Liability Company New Century Roofing, LLC | | | | |
|---|--------------------------------------|--|---|---------------------------|-----------------------|--|
| 3 NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 238160 | To install | To install new roofing systems and repair existing roofs including sheet metal work. | | | | |
| 5. State of Formation | | | | | | |
| Massachusetts | | | | | | |
| 6 Principal Office Address | | | City | State | Zip | |
| 55 Leonard Street | | | Foxborough | MA | 02035 | |
| 7. Mailing Address of Limite | d Liability Compa | iny and Name o | | | | |
| Contact Name Glen E. Gibson | | | Contact Title Manager | | | |
| Street Address 55 Leonard St., P.O. Box 290 | | | City Foxborough | State MA | Zip 02035 C | |
| 8 List ALL managers (name | es and addresses | s) of the Limited | Liability Company, IF APPLICAB | BLE - DO NOT LIST N | MEMBERS TOTAL | |
| Manager Name | | | Manager Name | | NASS | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip = (7,0) | |
| Manager Name | | | Manager Name Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| - | <u> </u> | | | Check the box to ii | ndicate an attachment | |
| 9. Resident Agent in Rhode | Island. This inform | nation is currently | of record with the Department of Sta | te. Changes require filin | g Form 642. | |
| Under penalty of perjury, statements, and that all st | l declare and aff tatements conta | îrm that i have ined herein are | examined this report, including true and correct. | g any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date 4/3 | - 1.0 | |
| Glen E. Gibson | | | | 4/3 | 6/14 | |
| Signature of Authorized Per | 500 E | SIG | IN DOCUMENT HERE | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

MAY 0 2 2019

FORM 632 - Revised: 10/2017